Ngati Porou Oranga - Te Whare Hauora o Ngati Porou

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Ngati Porou Oranga
Premises audited:	Te Whare Hauora o Ngati Porou
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 5 December 2024 End date: 6 December 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 12

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika │ our rights
- hunga mahi me te hanganga │ workforce and structure
- ngā huarahi ki te oranga │ pathways to wellbeing
- te aro ki te tangata me te taiao haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Ngāti Porou Hauora is certified to provide geriatric services, rest home and hospital services, respite care, medical services – hospital services and primary maternity for up to 22 residents. The service has been operating under the name of Ngāti Porou Oranga since 1 October 2022. Since the last audit, the maternity service has moved from the maternity annexe, which was significantly damaged in a major weather event, into the main ward of the hospital. A birthing room and a postnatal recovery room were set up in preparedness for any wāhine accessing the service. The one and only long serving midwife employed has resigned from the position. The maternity unit is currently being totally renovated externally and internally. The renovations are due to be completed by the end of February 2025. Wāhine are now under the care of the Māmā and Pēpi service, which operates from Gisborne and covers the coast. Antenatal and postnatal care is provided by midwives on the coast, but wāhine are encouraged to labour and birth at Te Whatu Ora Tairāwhiti maternity service. This system is working effectively and safely while the building is being repaired.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora Tairāwhiti, and included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau members, members of the governance group, managers, staff, allied health providers, a nurse practitioner and a general practitioner. The manager of the Māmā and Pēpi service for the district was also interviewed.

The general manager is supported by the hospital services manager, a quality and risk manager, and the clinical nurse manager, who has only been in the role for six months.

Eight corrective actions required from the previous audit have been addressed, with three areas for improvement still to be fully addressed. These include medication management, the maternity annexe renovation, and infection prevention evaluation of the antimicrobial stewardship programme. Additionally, as a result of this audit, seven areas for improvement are required in relation to the training of nurses to complete interRAI assessments, recording of health care competencies, initial care planning including identification of goals of care, interRAI assessments (which were not being completed in a timely manner), evaluation of long-term care plans including completion of neurological observations for residents who have had an unwitnessed fall, and medication storage monitoring.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Ngāti Porou Oranga worked collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Processes were in place to enable the service to provide Pacific peoples with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were protected and respected.

Policies and the Code provided guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably, and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service worked in partnership with the residents and their whānau to provide the care residents required. Interviews demonstrated that care met the needs of residents and whānau.

Staff used a paper-based medication system to administer medications.

The food service meets the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

There is an infection control nurse at Ngāti Porou Oranga who is responsible for overseeing the infection prevention (IP) and antimicrobial stewardship (AMS) programme. Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	14	0	2	3	0	0
Criteria	0	44	0	4	6	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Ngāti Porou Oranga (NPO) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values of the organisation and is documented in the strategic plan reviewed. Mana motuhake is respected. The Ngāti Porou Oranga Māori Health Action Plan 2020-2025 is well implemented across the organisation. Cultural advisors are sought as needed. Staff have access to this document. The management team has strong established links with Te Whatu Ora Tairāwhiti. Partnerships have been established with iwi and Māori organisations in the district to support service integration, planning, equity approaches, and support for Māori. There were eleven Māori residents at the time of audit, and those interviewed felt culturally safe. All management staff and most of the hospital staff identify as Māori. Senior management and staff interviewed reported they had attended relevant cultural diversity training.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of	FA	Ngāti Porou Oranga works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. Staff identify as Pacific people, however no residents identified as Pacific people at the time of audit. Cultural needs assessments at admission are completed by the registered

Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		nurse (RN) and identify any requirements. The Mana Ola-Pacific plan dated 2023-2024 is used by staff for guidance. Cultural guidelines and standard operating procedures are developed with input and meetings with Pacific leadership groups in Gisborne, with which Ngāti Porou Hauora has a memorandum of understanding (MOU).
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Evidence verified staff maintain professional boundaries. Residents reported that their property was respected, and finances protected.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.
Subsection 1.8: I have the right to complain	FA	A fair, transparent and equitable system is in place to receive and resolve

The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		complaints that leads to improvements. The process meets the requirements of the Code. Residents/patients and whānau understood their right to make a complaint and knew how to do so. There is a complaints box at the hospital reception. The Code is available in te reo Māori or English. The service assures the process works equitably for Māori. Advocacy services are available, and signage is evident. The kaumatua is also available if needed. Documentation sighted showed that complainants had been informed of findings following investigation. There have been no complaints received for the inpatient services or from external sources since the previous audit. Staff understood what to do should they receive a complaint. The GM and the clinical advisor for clinical governance manage the process if any external complaints are received.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Ngāti Porou Oranga assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. There were no barriers identified at the time of the audit for Māori to access the services provided. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the trust board directors from the GM community and hospital, and minutes of meetings held monthly which were also available and reviewed. The strategic plan sighted was provided and had been reviewed for 2024 to 2025. The Ngāti Porou Hauora risk management and quality improvement plan for 2022 to 2025 was currently being reviewed at the time of the audit for 2024. The GM attended an arranged meeting on the second day of the audit for this purpose. A copy of the plan was sent post-audit to verify this

		document and the yearly progress that has been made for the hospital. The organisation is planning for the next five years. The main hospital project currently is the rebuilding and renovating of the birthing annexe. Whilst services are set up in case a wahine arrives at the hospital, most wāhine are being advised to labour and birth at Tairāwhiti maternity service. This year, one visitor to the region unexpectantly arrived and delivered in the emergency department (ED), otherwise all wāhine have delivered at Tairāwhiti as arranged. Whilst the service is set up, no wāhine were available to review using tracer methodology during the audit. The leadership team, through the GM and the medical director, demonstrated leadership and commitment to quality and risk through, for example, improving the services and reporting processes and through feedback mechanisms, and purchasing of equipment for the hospital and the birthing annexe. New equipment, including a labour and birth pool, and new furniture has been purchased in readiness for the birthing annexe. Monthly ward meeting minutes were available and reviewed. The meetings covered housekeeping, incidents, health and safety, infection control, audits, staffing and general business. An organisational chart was reviewed. There have been no changes since the last audit. The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident/patient safety and clinical indicators. The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through feedback and communication with residents/patients and their whānau. Routines for residents are flexible and can be adjusted to meet their needs. The service holds contracts with Health New Zealand – Te Whatu Ora Tairāwhiti for age-related care (ARRC) for rest home, hospital level care geriatric, respite care, long term support chronic health (LTSCH), hospital medical services and primary maternity care services. The hospital has 22 beds in total. Twelve (12) beds were occupied on the first day of the audit. Ten residents were receiving aged residential care, seven were rest home level care and three residents were hospital level care. One resident was under 65 years of age (LTSCH) and one medical patient was under the medical services contract. No respite or maternity patients were receiving inpatient care.

Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident/patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint elimination. A resident survey has recently been completed but has not yet been analysed by the GM. A risk compliance and continuous quality improvement officer (RC&CQIO) interviewed is responsible for quality management, reporting to management, and document control. The RC&CQIO who has been in this role for three years, described the processes for identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. Documented risks include falls, infection prevention, sharps, oxygen cylinder management, and potential inequities. Organisational risks are managed through the management team. The RC&CQIO spends three days a week at Te Puia Springs Hospital but is based in Gisborne at the trust office. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The GM is fully informed of the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The GM and the recently appointed clinical nurse manager interviewed, understood and have complied with essential notification reporting requirements. Two section 31 notifications have been made to HealthCERT since the previous audit on 2 February 2024, advising three RNs were commencing February 2024 and one for the appointment of the clinical

		nurse manager (CNM). One incident form was sent on 17 July 2024 to Ngāti Porou Oranga to the governing body Ngāti Porou Hauora (sighted) and this was forwarded to the Health Safety Quality Commission in relation to a pressure injury diagnosis. There have been no police investigations, coroner's inquests, issues-based audits or any other notifications.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Low	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents/patients. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Six weeks of rosters were reviewed. Replacements were made for planned and unplanned staff leave. Residents/patients and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. All registered nurses and enrolled nurses are first aid trained. Most staff have now completed first aid training as part of the education plan and due to the nature of the services provided. The RNs interviewed were aware of the on-call system for the medical staff, and the emergency system for the ambulance service and transportation of residents/patients if needed. The RNs cover the emergency department as required. Additional staff would be called in as needed depending on the situation. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of patients/residents. Since the last audit, the hospital medical director, who had been in the role for fourteen years, has resigned. The organisation has a medical director who oversees all services for Ngāti Porou Hauora. The hospital is covered with the same team of coast clinic doctors, general practitioners (GPs), who were covering the service 24/7 at the last audit. One GP was interviewed and had been covering the service for three years. The cover was explained. Locums and regular GPs who cover this service 24/7 have a meeting fortnightly and discuss the residents/patients. This has improved service delivery, continuity of care and communication, and ensures optimum care for the

		residents/patients. All annual practising certificates of medical, nursing and other health professionals were sighted, and these are maintained by the hospital services manager. Two full-time household staff cleaners are employed, and two casual staff are available for this role. Seven kitchen staff are employed in total of which one staff member (Team Leader) is employed full time, two staff members are employed permanent part-time with availability, to flexi to forty hours per week and four staff are on casual contracts. Continuing education is planned on an annual basis, including mandatory training requirements. The new CNM is developing the plan for 2025. Training records were partially reviewed. All staff have completed the relevant competencies; however, the records could not be verified at the time of the audit. This is an area for improvement. Online records reviewed demonstrated completion of the in-service training, with dates recorded and certificates for in-service education only. Records from 2023 and earlier were not able to be verified. Staff felt well supported with development opportunities. An RN educator from Tairāwhiti Hospital is still contracted to assist with nursing education. A recent training day for staff was planned for life support and core training, but was cancelled. This is now planned for early 2025. Three RNs completed preceptorship training in November 2024. All staff completed de-escalation training in October 2024. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Tairāwhiti. There is a total of nine heath care assistants (HCAs); one has attained NZQA Level 4, one HCA has attained Level 3, and seven HCAs are at Level 2. No registered nurses were currently interRAI trained (refer to 3.2.3).
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). All human resources management and records are maintained from the organisation's head office. Staff reported that the induction and orientation programme prepared them

needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. The CNM is aware of this responsibility and is completing appraisals for those staff due currently.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	The multidisciplinary team at NPO worked in partnership with the resident and whānau to support the resident's wellbeing. Seven files of residents receiving care at NPO were reviewed: these included residents receiving care under a hospital medical contract, residents receiving care under a Whaikaha (Disability Support Services, Ministry of social Development) contract, and residents receiving care under an age-related care contract (ARRC). Files reviewed included residents who had had an unwitnessed fall, residents with a pressure injury, residents with swallowing difficulties, residents with diabetes and residents with several co-morbidities. A review of the seven residents' files verified that, on admission, a comprehensive assessment was undertaken by a registered nurse. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded by the admitting doctor. Timeframes for the initial assessment, medical/nurse practitioner assessment and initial care plan met contractual obligations. However, there were no initial or long-term care plans documented for residents who had been admitted in the past four months. Residents who had been admitted longer than four months prior had long-term care plans documented, although these had not been reviewed or updated in the past year. Five of the seven files were of residents who required interRAI assessments. Two had not had one completed, while three had not been updated since January 2024, as none of the RNs employed at NPO were trained to do interRAI assessments. A previous audit identified that residents who had experienced an unwitnessed fall, had not had a post-fall, or ongoing, neurological assessment. This remains in place as it was verified at this audit as not having been addressed. These areas require attention. Observations and interviews verified residents and whānau were happy with the care provided, and residents were receiving the care they needed. Any generalised care needs the residents required were known to the care staff

		and any specific requirements or changes were documented on a resident handover sheet. This sheet also recorded any updates. There was either no documented care plan, or no updated care plan that identified an individualised plan of care for each resident, outlining present needs, potential needs and how these were to be addressed. Staff supported Māori and whānau to identify their own pae ora outcomes; however, these were not documented. This was verified by sampling residents' records, and from interviews with clinical staff, residents receiving services, and whānau. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A system for medicine management (using hard copy medication charts) was observed on the day of audit. All staff who administer medicines had no documentation available at the time of audit to deem they were competent to perform the function they managed (refer criterion 2.3.3). This requires to be addressed. Medication reconciliation occurs. All medications sighted were within current use-by dates. A previous audit identified there was no evidence to verify medicines were stored within the recommended temperature range. This has been addressed in the main medication room. Fridge and room temperatures in that room are monitored and records verified they were within the required range. However, the medication trolly, containing medicines and the controlled drugs, is stored in another room. This room had no temperature monitoring occurring. This requires attention. On the day of audit, outside temperatures were 32 degrees Celsius. Medicines are stored safely, including controlled drugs. The required weekly stock checks had been completed; however, there was no evidence sighted of the required six-monthly checks. This also requires attention. Prescribing practices meet requirements, as confirmed in the sample of

		records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the GP/NP consultation notes. Standing orders are not used. When phone orders are taken, a mobile phone on speaker is used and two persons, one of whom is a RN, verify accuracy. A GP is available 24/7. Controlled drugs are checked out by a RN and a health care assistant. Interviews verified that the two people checking the medication do not go to the bedside to verify the right person is receiving the medication. This requires attention. Where there were difficulties identified to access medications, access would be facilitated, either from the onsite supplies or from Gisborne using the daily shuttle service. Self-administration of medication was facilitated and managed safely. Policies and procedures are in place should blood or blood products be required. There were no residents, patients or wāhine requiring this during the days of audit.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and residents' meeting minutes. The menus have been reviewed by a registered dietitian within the last two years. The service operates with an approved food safety plan and registration which expires on 10 December 2024. The service was audited on 15 October 2024 and is awaiting the certificate. One recommendation has already been addressed. The kitchen manager and the second cook completed a comprehensive food safety course on 21 August 2024, and the certificates were sighted.
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and

The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		whānau. Risks and current support needs are identified and managed. Transfers occur usually by ambulance, or helicopter in emergencies. Discharges, at times, involve a referral and verbal handover to the rural district nurses.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, and electrical and bio-medical testing and calibration. Residents/patients and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The area for improvement that was rated high risk in the previous audit is currently being addressed however was not fully completed at the time of the audit. The maternity annexe, which is not in use due to extensive damage in a weather event, is being worked on by contractors. The roof has been totally replaced, new windows installed, and it has been renovated internally. The birthing room is having a new labour and birthing pool installed, and the unit will be totally modernised. No changes to the contracted room numbers will occur. The plan is for the work to be completed by the end of February 2025. Repairs to the emergency department are to be commenced as soon as the birthing annexe is completed, but this will not affect the inpatient service. An emergency/assessment room for any medical patients is also set up at the entrance to the hospital.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service	FA	A previous audit area for improvement identified at the previous audit relating to a plan to train all staff in first aid has been implemented and the

provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		outcome was recorded.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control nurse (IPCN) are the CNM and responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCN and review of the programme documentation. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. A previous audit identified an interim ICN had no education in IP or AMS. This has been addressed. The new ICN has experience in IP and attended the NZ infection control conference in August 2024.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	PA Moderate	The previous audit identified there was no evidence to verify a commitment to an antimicrobial stewardship (AMS) programme, including an evaluation of the effectiveness of its use. This has been partially addressed. NPO had a documented antimicrobial stewardship (AMS) programme in place that was committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence informed practice. The effectiveness of the AMS programme has yet to be evaluated. This part of the finding remains in place.

Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The previous audit identified corrective actions were required as there was no surveillance of infections being undertaken at NPO. There was no documentation identifying the type of infections to be surveyed and the surveillance process. There was no analysis of the results, and the results were not shared with the governing body and the staff. These areas have been addressed. Surveillance of health care-associated infections (HAIs) was being undertaken, was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	At the time of audit, there was no restraint in use. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the GM and the hospital services manager. The clinical nurse manager is the restraint coordinator.

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.	PA Low	An interRAI assessment, where required, had either not been done or had not been updated since January 2024. This had occurred because there are currently no Registered Nurses trained to complete InterRAI assessments.	Registered Nurses are not currently trained to complete InterRAI assessments.	Ensure Registered Nurses are trained in InterRAI 180 days
Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.	PA Low	The hospital services manager (HSM) was interviewed. With the merge of the two organisations and changing of the electronic systems used, some of the mandatory education records, including competencies completed by staff, have been lost. This recording system was currently being worked on. The HSM now has a	The records of staff who had completed the required competencies to meet the needs of people equitably were not available at audit.	To ensure all training records can be accessed and verified for each staff member employed. 180 days

		spreadsheet, maintained electronically, to record all education. This is working effectively. The GM was able to validate certificates and courses completed by staff in the last year.		
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	Evidence verified service providers engage with residents and whānau to develop a support plan. Three residents admitted within the past four months had no initial care plan documented. Two of those were admitted more than three weeks ago and had no long-term care plan documented. Four residents who were admitted longer than four months ago had long-term care plans; however, these had not been reviewed or updated within the last year. This finding was verified with the CNM and RN on the day of audit.	Seven files reviewed identified either no care plans or no updated care plans in place to guide residents' care.	Provide evidence residents have up-to-date care plans documented in a timely manner to guide their care. 90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;	PA Moderate	When residents were admitted, a comprehensive assessment was conducted by the RN; however, the residents' goals were not documented, and nor was there documentation that identified the support the residents required to achieve their goals. Early warning signs and risks were known, as evidenced by interviews and observations; however, they were	The support the residents require to achieve their goals was not documented. InterRAI assessments are not being completed in the required timeframes.	Ensure that the InterRAI assessments are completed within the required timeframes. Provide evidence care plans document the support required to achieve the residents' goals.

(c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		not documented in a plan of care.		90 days
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service	PA Moderate	A resident handover sheet describes all the residents' needs for the day, and any additional needs. Wound care plans are in place for residents with wounds. The documentation on the treatment plan of a resident with a pressure injury documents the	The residents' care was not always consistent with the residents' assessed needs.	Provide evidence the care provided to the residents is consistent with their needs. Residents having unwitnessed falls have neurological observations consistent with the facility's policy. Wound care

is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.		dressing was last done in August 2024. Interviews and observations verified that this was incorrect. Residents requiring blood sugar monitoring were being dealt with as requested by the GP. A resident who had had an unwitnessed fall had blood pressure recordings taken for two hours; however, no neurological assessment was documented, despite the progress notes stating they are occurring. This was a previous corrective action and remains in place.		treatments are documented as they are provided. 90 days
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-	PA Moderate	Evidence was sighted that the effectiveness of any personal care treatments, pain medication or wound treatments were being monitored. Effectiveness was recorded in the progress notes; however, any changes needed were not documented in a care plan. A review of seven residents' files identified four had long-term care plans in place; however, they had not been reviewed or updated since 2023. A resident who was a substantial risk for falls due to their mobility status, had a falls plan put in place in May 2023. The resident was no longer mobile, and the plan had not been altered to reflect a	A planned review of care is not being undertaken at defined intervals, and changes not documented where required.	Provide evidence that care plans are in place, and reviewed six-monthly or as the residents' need change. 90 days

assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		change in strategies.		
Criterion 3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.	PA Low	A sample of residents' records were reviewed. Residents who identified as Māori and whanau were interviewed clearly understood what their identified individual needs were to achieve pae ora. The staff interviewed understood this process, however, they were not documenting the information onto the care plan to ensure those needs were reflected.	Despite staff supporting Māori residents and whānau to identify their own pae ora, this is not being documented on the care plans.	Ensure that Māori residents' pae ora outcomes are documented on the individual care plans to meet their individual needs. 180 days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	A medication round was observed on the day of audit. The facility uses hard copy medication charts. All allergies, sensitivities, and adverse reactions were noted. A previous corrective action around the monitoring of the medication fridges has been addressed. The monitoring of the temperature of the main room that stores the medications has also been addressed. However, the room	The room where the medication trolley and the CD drugs are kept require the room temperature to be monitored. Staff administering medications need to be verified as competent to do so. The required six-monthly check of CD drugs needs to occur and be recorded. When CD drugs are administered the two people involved in checking the medication need to ensure the correct resident	Provide evidence that: • all staff administering medications are competent to do so • the temperature of the room where controlled drugs and the drug trolley are kept is monitored to ensure its below 25 degrees Celsius • the two nurses

		where the medication trolley containing medications, including the controlled drugs, was stored, was not being monitored. Records to verify the staff administering the medications were competent to do so, were not sighted at this audit. The CNM verified competencies had not been assessed since April 2024. Records evidenced weekly stock checks of the controlled drugs (CDs) were being undertaken; however, the required six-monthly checks had not occurred in June 2024. Two staff check out the controlled drugs; however, interviews verify that only one of those nurses, the RN, goes to the bedside. Two nurses are therefore unable to verify the correct resident received the correct medication.	receives the medication.	checking out the controlled drugs go to the bedside to ensure the right drug is going to the right person • the required six-monthly check of the controlled drugs is undertaken. 60 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	At the previous audit two areas in the maternity annexe; one in the labour room, and one in a recessed area where resources were stored, evidenced severe damage after a major weather event. The ceiling tiles had collapsed. Mould was present on the ceiling of one of the post-natal rooms. The annexe had a strong odour of dampness. In addition to this the emergency room	This area of improvement from the previous audit remains open. The work being completed in the maternity annexe is still in progress and the management staff interviewed stated that it will not be completed until the end of February 2025. A plan is in place to repair the ceiling in the emergency room after the birthing annexe is completed.	To ensure the repair and renovations of the maternity annexe are completed in a timely manner and that work planned for the emergency room is undertaken as soon as possible. 180 days

		had also sustained considerable damage to the ceiling plasterboard overhead of where staff would be working in an emergency. This area was a risk to staff. None of the areas had been documented on the hazard register at the time of the audit. Staff had informed management of the risks. Since the audit the hazard register was updated, and work has commenced recently on the maternity annexe and a plan is in place for the emergency room. Alternative care spaces have been arranged in the hospital for when needed.		
Criterion 5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by: (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; (b) Identifying areas for improvement and evaluating the progress of AMS activities.	PA Moderate	There is an AMS programme in place at NPO, that is committed to the prudent use of antibiotics. Evidence verifies there has been a reduction in their use, although the effectiveness of the programme has not yet been evaluated.	The effectiveness of the AMS programme has not been evaluated.	Provide evidence the effectiveness of the AMS programme has been evaluated. 180 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.